



**DEPARTMENT OF DEFENSE**  
**UNITED STATES SOUTHERN COMMAND**  
3511 NW 91ST AVENUE  
MIAMI, FL 33172-1217

SC Reg 40-501

15 April 2013

Effective Upon Receipt

Medical Services

**MEDICAL SUITABILITY SCREENING REGULATION**  
**(MEDICAL WAIVER CRITERIA INCLUDED)**

**TABLE OF CONTENTS**

	Paragraph	Page
Purpose	1	1
References	2	2
Authority	3	2
Policy	4	2
Responsibilities	5	2
General	6	5
Required/Recommended Forms	6	6
Appendixes		
A. References		A-1
B. Medical Limiting Conditions		B-1
C. USSOUTHCOM Medical Waiver Request Template		C-1

**1. Purpose.**

a. This regulation establishes policies, procedures and assigns responsibilities for medical suitability screening within the United States Southern Command (USSOUTHCOM) area of responsibility (AOR).

b. This regulation serves as the minimum requirements for medical suitability screening when entering the USSOUTHCOM AOR. Components and Direct Reporting Units may require more stringent screening requirements to meet specific service needs or to address interagency and non-governmental organizations (NGOs) coordination that are in direct support of DoD missions. Any Component requiring more limited requirements will provide the USSOUTHCOM Command Surgeon a copy of the Component policy.

c. This regulation applies to all DoD personnel and contractors working on behalf of DoD, entering the USSOUTHCOM AOR or employed within the USSOUTHCOM AOR. USG

Interagency partners under DoD command and control will be obligated to follow DoD guidelines unless their agency has similar standards for medical suitability screening for their own personnel.

2. **References.** See Appendix A.

3. **Authority**

a. DoDI 6490.07 establishes the minimum medical standards and waiver procedures for all deploying and deployed DoD personnel with augmentation of the standard by the Military Departments or Service-specific readiness requirements.

b. DoDI 1400.32, 3020.37, 3020.41 directs the Combatant Commander to establish theater admission requirements for DoD Civilian Employees and Contractors and provides further process guidance.

4. **Policy.** It is the policy of the USSOUTHCOM that all DoD personnel and contractors entering the USSOUTHCOM AOR will be screened prior to entering the theater and meet minimum medical suitability standards to ensure the safety of the force and accomplishment of the mission (See APPENDIX A). Persons not meeting the minimum medical standards may be granted a waiver based on individual duty descriptions and responsibilities, medical condition, duration of assignment in the theater, available health service support and other variables depending on the location and nature of operations.

5. **Responsibilities.**

a. **Commander US Southern Command** has overall responsibility for Force Health Protection (FHP) and waiver authority for all forces assigned or attached to the command. The CCDR has delegated this authority to the USSOUTHCOM Command Surgeon.

b. **Command Surgeon (SC SG).**

(1) Ensure the policies of this regulation are executed for all applicable operations.

(2) In coordination with the SC Directorates, ensure medical guidance is incorporated into all PLANS, WARNORDs, EXORDs, OPORDs, PLANORDs and any other appropriate command guidance.

(3) Ensure Service and Component-specific procedures are maintained for appropriate reference.

(4) Ensure waiver requests are logged and acted upon in a timely manner.

(5) Coordinate waiver requests with JTF Surgeons and Component Surgeons for continuity and consistency.

(6) The USSOUTHCOM Command Surgeon is the final approval authority for all waivers. The Command Surgeon has delegated approval authority to Component Surgeons but retains final approval authority for any appeals.

**c. USSOUTHCOM Directorates.**

(1) Ensure personnel assigned to their directorate are screened IAW this regulation.

(2) In coordination with the Command Surgeon, ensure medical guidance is incorporated into all PLANS, WARNORDs, EXORDs, OPORDs, PLANORDs and any other appropriate command guidance.

**(3) Director for Manpower, Personnel, and Administration (SCJ1).**

A. Ensure all personnel assigned (PCS/TCS), deployed, TDY/TAD or otherwise employed in the USSOUTHCOM AOR are informed of the medical requirements to enter the theater and the process to obtain a waiver if necessary.

B. Ensure all USSOUTHCOM TDY/TAD travel orders for countries within the AOR contain the following statement verifying compliance with this regulation.

*“Individual(s) received medical suitability screening, briefings for travel, assignment IAW USSOUTHCOM Reg xxxx.”*

**d. Component Surgeons.**

(1) Review waiver requests in a timely manner (goal is within 7 days) and reply to the requestor based on sound medical judgment and knowledge of potential operational and/or Component specific limitations.

(2) Discuss any questions or concerns for a particular waiver request with the USSOUTHCOM Command Surgeon and/or JTF Surgeon who will be responsible in the AOR.

(3) Provide USSOUTHCOM Command Surgeon a copy of all waivers via email to USCSG@HQ.SOUTHCOM.MIL.

(4) Ensure dissemination of APPENDIX B to sourcing units and/or Medical Treatment Facilities (MTFs) that will conduct medical screening of service members tasked to operate in the USSOUTHCOM AOR.

**f. Services**

(1) Perform a medical suitability screening for ALL persons entering the

USSOUTHCOM AOR. This may be as simple as a medical records review by ancillary medical personnel familiar with the MEDICAL LIMITING CONDITIONS outlined in Appendix B, but may also require an assessment/visit with a health care provider (MD, NP, PA) IAW DoD, Theater, Service or Component specific guidance.

(2) If the individual does NOT meet medical suitability requirements to enter the theater, the screening health care provider (MD, NP, PA) should consider the individual's job duties, medical condition, duration of assignment in the theater, available health service support and other variables depending on the location and nature of operations before submitting a medical waiver.

(3) If a medical waiver is indicated, prepare and submit a medical waiver request with the appropriate supporting documentation to USCSG@HQ.SOUTHCOM.MIL or the specific USSOUTHCOM Component Surgeon based on Component guidance. (APPENDIX C provides a useful template to ensure all necessary data is included.)

(4) For visits of less than 30 days, the responsible unit or MTF medical personnel will determine medical suitability screening based on the anticipated medical risks and the individual's medical condition. No medical waiver is required.

(5) Persons performing back-to-back temporary duty of less than 30 days in duration more than once/year may simply require an administrative note in the medical record indicating there has been no change in the person's condition since the last medical suitability screening.

**g. Contractors**

(1) All contracts with DoD shall include requirements to screen personnel entering the USSOUTHCOM AOR for Medical Suitability, in accordance with SC published guidelines.

(2) In the event of a conflict between this policy and the language of a particular contract, language contained within the contract is controlling. As a result it is incumbent on all requiring activities in the USSOUTHCOM AOR to ensure contracts reflect the requirements of this policy.

(3) Ensure all civilian contractors provide medically and physically qualified contingency contractor personnel to perform duties in applicable contingency operations as outlined in the contract.

(4) Ensure all civilian contract employees are provided a medical suitability screening prior to entering the SC AOR, at no cost to the government.

(5) Comply with USSOUTHCOM Policy Memorandum 1-12, Synchronized Pre-deployment and Operational Tracker (SPOT) In The USSOUTHCOM AOR, ensuring all contractors are in the SPOT database and obtain theater clearance via APACs.

(6) Ensure civilian contractors have the appropriate level of health care coverage that will provide for hospital care OCONUS and patient movement/medical evacuation back to their country of origin as required.

(7) Ensure a SPOT generated Letter of Authorization (LOA) is issued by the contracting officer or otherwise designated by the CCDR. The contract shall require that all contingency contractor personnel who are issued a LOA will carry the LOA with them at all times.

(8) Government personnel cannot force a contract employee to receive an immunization or disclose private medical records against his or her will; therefore, the contracting officer will allow contractors time to notify and/or hire employees who are willing to meet Government medical requirements and disclose their private information.

## **6. General.**

a. DoD guidance and USSOUTHCOM guidance will be used to screen all persons entering the theater (See APPENDIX B).

b. Component or Service specific guidance may have more stringent requirements in order to meet specific service needs. Any Component or Service requiring more limited requirements will provide the USSOUTHCOM Command Surgeon a copy of the Component or Service policy.

c. DoD Civilian Employees and deploying civilian contractor personnel will receive pre-deployment medical suitability screening using the same guidance (See APPENDIX B). DoD Civilian Employees traveling in the theater on official orders will be provided medical suitability screening at military medical treatment facilities at no cost to the employee.

d. In the event a military medical treatment facility is not available to complete the medical suitability screening, local processes shall be established to accomplish the screening.

## **7. Required Forms.**

a. Pre-deployment Health Assessment Forms (DD Forms 2795 and 2796) are required for all military personnel, and may be obtained on the internet.

b. The USSOUTHCOM Waiver Request Template is provided in APPENDIX C. Similar waiver request forms/templates may be used by the Components and Services as long as all necessary information is provided.

<p>The proponent agency of this regulation is the U.S. Southern Command Surgeon Office (SC SG). Users are invited to send comments and suggested improvements directly to HQ USSOUTHCOM/SG, 9301 NW 33<sup>rd</sup> St, Doral, FL 33172.</p>
--

FOR THE COMMANDER

JOSEPH P. DISALVO  
Major General, U.S. Army  
Chief of Staff

Douglas A. Lougee  
COL, USA  
Command Surgeon  
DISTRIBUTION: B

## APPENDIX A

### REFERENCES

1. DoDI 6490.07 Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees
2. DoDD 6200.04 Force Health Protection
3. DoDD 1400.31 DoD Civilian Work Force Contingency and Emergency Planning & Execution.
4. DoDI 1400.32 DoD Civilian Work Force Contingency and Emergency Guidelines & Procedures.
5. DoDI 3020.37 Continuation of Essential DoD Contractor Services During Crises
6. DoDI 6490.03 Deployment Health
7. USSOUTHCOM Policy Memorandum 1-12, Synchronized Predeployment And Operational Tracker (SPOT) In The USSOUTHCOM AOR

**MEDICAL LIMITING CONDITIONS**  
(Requiring a waiver to enter the USSOUTHCOM AOR)

- A. In general persons may enter the SC AOR, if all of these conditions are met:
- (1) The medical condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.
  - (2) The medical condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment in light of physical, physiological, psychological, and nutritional effects of the duties and location.
  - (3) Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available in theater within the Military Health System. Medication must have no special handling, storage, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration. See DODI 6490.07 and ASD (HA) Memo "Policy Guidance for Deployment-limiting Psychiatric Conditions and Medications".
  - (4) There is no need for routine evacuation out of theater for continuing diagnostics.
- B. This list of conditions is not intended to be all-inclusive. A list of all possible diagnoses and their severity that may cause an individual to be potentially non-deployable, pending further evaluation would be too extensive. Medical examiners must consider climate, altitude, rations, housing, duty assignment and duration, and health support services available in theater when deciding whether an individual with a specific medical condition is deployable. In general, individuals with the conditions in paragraphs a. through h. of this appendix shall not deploy unless a waiver is granted. If a person is found deployed with a listed condition and without a waiver for that condition, a waiver request may be initiated by the JTF or Component Surgeon if they believe a waiver is warranted. If the waiver is not warranted or denied, the person will be redeployed ASAP and normal personnel process used to replace the person as needed.
- a. Conditions Affecting Force Health Protection
- (1) Physical or psychological conditions resulting in the inability to effectively wear personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical and/or biological protective garments, regardless of the nature of the condition that causes the inability to wear the equipment if wearing such equipment may be reasonably anticipated or required in the deployed location.
  - (2) Conditions that prohibit immunizations or the use of force health protection prescription products (FHPPPs) required for the specific deployment. Depending on the

applicable threat assessment, required FHPs may include atropine, epinephrine, and/or pralidoxime chloride (2-PAM chloride) auto-injectors; certain antimicrobials and antimalarials; and pyridostigmine bromide.

b. Unresolved Health Conditions Requiring Care or Affecting Performance

(1) Any chronic medical condition that requires frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity.

(2) Absence of a dental exam within the last 12 months or presence of the likelihood that dental treatment or reevaluation for oral conditions will result in dental emergencies within 12 months. Individuals being evaluated by a non-DoD civilian dentist should use DD Form 2813, "DoD Active Duty/Reserve Forces Dental Examination," as proof of dental examination (available at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>).

(3) Pregnancy.

(4) Any medical condition that requires either durable medical equipment or appliances, or periodic evaluation or treatment by medical specialists that is not readily available in theater.

(5) Any unresolved acute or chronic illness or injury that would impair duty performance in a deployed environment during the duration of the deployment.

(6) Cancer that requires continuing treatment or specialty medical evaluations during the anticipated duration of the deployment.

(7) Precancerous lesions that have not been treated and/or evaluated and that require treatment and/or evaluation during the anticipated duration of the deployment.

(8) Any medical condition that requires surgery or for which surgery has been performed that requires rehabilitation or additional surgery to remove devices.

(9) Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.

(10) An acute exacerbation of a physical or mental health condition that could significantly affect duty performance.

c. Conditions That Could Cause Sudden Incapacitation

(1) Recurrent loss of consciousness for any reason.

- (2) Any medical condition that could result in sudden incapacitation including a history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin or oral hypoglycemic agents.
- d. Pulmonary Disorders.
- (1) Asthma
- a. Forced expiratory volume-1 (FEV-1) of less than or equal to 60 percent of predicted FEV-1 after appropriate therapy. Any history of ICU hospitalization or intubation in the last 24 months, or that requires a daily systemic (not inhalational) steroid is not waivable.
  - b. FEV-1 greater than 60% predicted, stable with treatment for 6 months requires a waiver.
  - c. FEV-1 greater than 75% predicted, stable for 6 months or more without treatment. No waiver required. Includes exercise induced asthma.
- (2) Obstructive Sleep Apnea (OSA)
- a. Severe OSA, AHI >30 is not waivable with or without continuous positive airway pressure (CPAP) treatment.
  - b. Moderate OSA, AHI >5 but less than 30, stable for 6 months or more with treatment, with or without CPAP requires waiver.
  - c. Mild OSA, AHI <5. No waiver required.
  - d. ANY deployment to field conditions, CPAP use requires a waiver.
  - e. ANY use of CPAP in the SC AOR, the patient assumes responsibility for all parts, maintenance, supplies. There is NO SUPPORT for CPAP in the AOR.
- e. Infectious Disease
- (1) Active tuberculosis or known blood-borne diseases (Hep B, Hep C, HIV) that may be transmitted to others in a deployed environment. Any request for waiver must have complete lab work including viral load and specialist recommendation.
- (2) A diagnosis of human immunodeficiency (HIV) antibody positive with the presence of progressive clinical illness or immunological deficiency is not waivable.
- (3) The cognizant Combatant Command surgeon shall be consulted in all instances of HIV seropositivity before medical clearance for deployment.
- f. Sensory Disorders
- (1) Hearing Loss. The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely.

(2) Vision Loss. Best corrected visual acuity must meet job requirements to perform duties safely.

g. Cardiac and Vascular Disorders

(1) History of myocardial infarction within 1 year of deployment is not waiverable.

(2) Hypertension not controlled with medication or that requires frequent monitoring is not waiverable.

(3) Symptomatic coronary artery disease is not waiverable.

(4) History of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within 1 year of deployment is not waiverable. Asymptomatic after 1 year of stable compliant treatment may be considered.

(5) Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control (presence of an implanted defibrillator and/or pacemaker) is not waiverable.

(6) Heart failure.

(7) Morbid obesity (BMI >40). Military personnel in compliance with service body fat guidance do not require a waiver.

(8) Civilian personnel who are >40 yrs of age must have a coronary heart disease risk percentage calculated using the FRAMINGHAM RISK SCORE. Any risk >15% requires a waiver and must have a cardiac work-up and specialist recommendation if a waiver is requested.

(9) Hyperlipidemia that is controlled and stable (TC<240, LDL<160, TRIG<500) for 90 days does not require a waiver.

h. Mental Health Disorders

(1) Psychotic and/or bipolar disorders. (See Reference (i) for detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications.) Are not waiverable.

(2) Psychiatric disorders under treatment with fewer than 3 months of demonstrated stability are not waiverable.

(3) Clinical psychiatric disorders with residual symptoms that impair duty performance are not waiverable.

- (4) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment are not waiverable.
- (5) Chronic medical conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants are not waiverable.
- (6) Any history of psychiatric/mental health/behavioral health hospitalization, including substance abuse, illicit drug use, alcohol dependency/abuse must be thoroughly assessed with a behavioral health consult.
- (7) Any behavioral health condition requiring medication must demonstrate a minimum of three months stability on medication without any change of medication in those three months to be considered for a waiver.